

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/568109

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.

1	1		1			
2		1		1		
3		2			1	
4				1		
5					1	
6					1	
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47					1	
48					1	
49					1	
50					1	

TOTAL IND.

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19

TOTAL DEP.

19

TOTAL CLAIMS

1K

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						

TOTAL IND.

19

TOTAL DEP.

19

TOTAL CLAIMS

1K